

UNITED STATES DISTRICT COURT

for the

Middle District of Georgia



Macon Division

Dr. Husam A. Mathews
304 Westcliff center street
Warner Robins GA, 30193
dubdean478@yahoo.com

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

-v-

Case No.

5:22cv397

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

Walmart inc (Headquarters are in Bentonville
Arkansas) 502 BOOTH ROAD, WARNER ROBINS, GA
31088 (No. Employees, Members 501+
WALMART).

Defendant(s)

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Dr. Husam A. Mathews
Street Address	304 Westcliff Center Street
City and County	Warner Robins (Houston County)
State and Zip Code	Georgia 31093
Telephone Number	478-284-2311
E-mail Address	dubdean478@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Damon Manning

Job or Title *(if known)* Store Manager

Street Address 502 Booth Road

City and County Warner Robins (Houston County)

State and Zip Code Georgia 31088

Telephone Number (478) 918-0338

E-mail Address *(if known)*

Defendant No. 2

Name Damon Reeves

Job or Title *(if known)* Assistant Manager

Street Address 502 Booth Road

City and County Warner Robins (Houston County)

State and Zip Code Georgia 31088

Telephone Number (478) 918-0338

E-mail Address *(if known)*

Defendant No. 3

Name Coach Jackson

Job or Title *(if known)* Coach

Street Address 502 Booth Road

City and County Warner Robins (Houston County)

State and Zip Code Georgia 31088

Telephone Number (478) 918-0338

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Walmart
Street Address	502 Booth Road
City and County	Warner Robins
State and Zip Code	Georgia 31088
Telephone Number	(478) 918-0338

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☒ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: On this day of 3/4/2020, I was a victim of retaliation. Because Geo
(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

3/4/2022, March 10, 2019 (May 5,2019 June 23,2019 June 27, 2019 July 4, 2019 October 20, 2019 Feb 9

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race _____
- ☒ color _____
- ☒ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
- ☐ disability or perceived disability *(specify disability)* _____

E. The facts of my case are as follows. Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

On this day of 3/4/2020, I was a victim of retaliation. Because Georgia is an at will state, I was terminated. However, the Department of labor dismissed the employers' claim for my termination. The Hearing officer at the department of labor ruled that I was wrongfully terminated. I, Dr. Husam A. Mathews, under the jurisdiction of the Middle District court, am filing this complaint (cause of action) against Walmart.

Because I have been wrongfully terminated as a result of retaliation, the EEOC has given me the right to sue the employer. I exhibited pain and suffering, lost wages and economic hardships during the Covid 19 pandemic. and my EEOC rights were violated.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)* July 2020-August 2020

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 09/27/2022 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Because I have been wrongfully terminated as a result of retaliation, the EEOC has given me the right to sue the employer. I exhibited pain and suffering, lost wages and economic hardships during the Covid 19 pandemic, and my EEOC rights were violated

Because my EEOC rights have been violated by the employer; the employer is accountable for relieving me for all of the conditions that fall under the wrongful termination and violation of EEOC laws. Because of the wrongful termination, I did not have the opportunity to advance in the company with a promotion.

I demand that the jurisdiction of the United States District Court- Middle District of Georgia hold the employer accountable for the maximum amount (\$1,000,000) associated with each violation that occurred. I also demand

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/07/2022

Signature of Plaintiff

Printed Name of Plaintiff Dr. Husam A. Mathews

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____